



DOMESTIC WASTEWATER TREATMENT PLANT OPERATOR APPLICATION FOR CERTIFICATION



Application

Date: _____

Level of Certification
Desired as defined in
WAC 173-230-061: (Select One)

GENERAL INFORMATION

Name and Address

(First) (Middle Initial) (Last)

(Street)

(Mailing Address)

(City State Zip)

(_____)_____
(Phone number - include area code)

Employer Information

(Employer)

(Street)

(Mailing Address)

(City State Zip)

(_____)_____
(Phone number - include area code)

Social Security Number: _____-_____-_____

Check all statements below that are relevant to this application:

- ☐ I am a certified wastewater treatment plant operator in Washington. Certification Number: _____
- ☐ I am not currently certified as a wastewater treatment plant operator in Washington.
- ☐ This is an application for reciprocity. (If so, please enclose a copy of your valid out-of-state certificate.)
- ☐ This is an application for temporary certification per WAC 173-230-050(2)(c).
- ☐ I took this exam previously and failed. I am applying to retake the exam.
- ☐ This is an application for automatic upgrade to the Group I level.
- ☐ Other, explain: _____

Check the location you would like to be scheduled for an exam:

- | | | |
|--|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Seattle | <input type="checkbox"/> Ellensburg | <input type="checkbox"/> Spokane |
| <input type="checkbox"/> Olympia/Lacey | <input type="checkbox"/> Mount Vernon | <input type="checkbox"/> Tacoma |

EDUCATION HISTORY

Name and Location of High School Attended	Last Grade Completed	Did you Graduate?	If you did not graduate from high school, did you earn a GED? (Specify school)	Date of Graduation or Receipt of GED

POST HIGH SCHOOL TRAINING

Name and Location of Colleges Attended	Dates Attended	Course Work Completed	Number of credits earned. Specify quarter or semester credits	Degrees Obtained. Specify major course of study

NOTE: ALL COLLEGE CLAIMED ON THIS APPLICATION MUST BE VERIFIED WITH TRANSCRIPTS OR UNALTERED COPIES.

RELEVANT TRAINING AND CONTINUING EDUCATION COURSES

Attach certificates of completion to verify.

Name and Location of School	Dates Attended	Name of Course	Number of Classroom Hours	Credit Assignment: Specify Number of CEUs and/or College credits earned

EXPERIENCE HISTORY IN DOMESTIC WASTEWATER TREATMENT PLANT OPERATIONS

(List your present employer first)

Name and Address of Wastewater Treatment Plant	Employment dates from month/year to month/year	Job Title	Average hours per week spent at WWTP	Describe your major responsibilities on this job	List lab tests you perform	List treatment units in the WWTP	Plant Classification I, II, III or IV

DOMESTIC WASTEWATER WORK EXPERIENCE SUMMARY

List your present employer first and describe in detail your experience history in domestic wastewater treatment plants.

Chapter 173-230-020 WAC

Employer: _____ Address: _____ _____ Job Title: _____ Specific Duties: _____ _____ _____ _____	From: _____ To: _____ Hours worked per week: _____ <p style="text-align: center;">Total Time Employed</p> Years _____ Month _____ Supervisor: _____ Phone No. _____
Employer: _____ Address: _____ _____ Job Title: _____ Specific Duties: _____ _____ _____ _____	From: _____ To: _____ Hours worked per week: _____ <p style="text-align: center;">Total Time Employed</p> Years _____ Month _____ Supervisor: _____ Phone No. _____
Employer: _____ Address: _____ _____ Job Title: _____ Specific Duties: _____ _____ _____ _____	From: _____ To: _____ Hours worked per week: _____ <p style="text-align: center;">Total Time Employed</p> Years _____ Month _____ Supervisor: _____ Phone No. _____
Employer: _____ Address: _____ _____ Job Title: _____ Specific Duties: _____ _____ _____ _____	From: _____ To: _____ Hours worked per week: _____ <p style="text-align: center;">Total Time Employed</p> Years _____ Month _____ Supervisor: _____ Phone No. _____

ADDITIONAL RELEVANT WORK EXPERIENCE SUMMARY

Employer: _____ Address: _____ _____ Job Title: _____ Specific Duties: _____ _____ _____ _____	From: _____ To: _____ Hours worked per week: _____ Total Time Employed Years _____ Month _____ Supervisor: _____ Phone No. _____
Employer: _____ Address: _____ _____ Job Title: _____ Specific Duties: _____ _____ _____ _____	From: _____ To: _____ Hours worked per week: _____ Total Time Employed Years _____ Month _____ Supervisor: _____ Phone No. _____
Employer: _____ Address: _____ _____ Job Title: _____ Specific Duties: _____ _____ _____ _____	From: _____ To: _____ Hours worked per week: _____ Total Time Employed Years _____ Month _____ Supervisor: _____ Phone No. _____

I hereby certify with my signature that all information contained in this application is true and correct. I understand that any omissions or misrepresentations may result in ineligibility for the certification applied for or revocation of any certificate granted. I also consent to an investigation of my employment record and education background for the purpose of verifying my qualifications for the certificate for which I have applied.

DATE: _____ APPLICANT'S SIGNATURE: _____